

SIEMENS

ILD 005 129 0.7

August 25, 1999

Illinois Environmental Protection Agency
Division of Land Pollution Control
1021 North Grand Avenue East
P.O. Box 19276
Springfield, IL 62794-9276

Attn: Nikki Burkett

As part of the USEPA 33/50 Program, Siemens & Furnas Controls reviews our Form 8700-12, Notification of Regulated Waste Activity. Please accept the attached as our most current information.

It is the policy of Siemens Energy & Automation to be an industry leader in pollution prevention and environmental protection/improvement. We continue to work on waste minimization projects and foster recycling wherever possible.

SIEMENS & FURNAS CONTROLS



Don Mullner
Manager Plant Engineering

DM:mv

RECEIVED
SEP 3 1999

PROGRAM MANAGEMENT BRANCH
Waste, Pesticides & Toxics Division
U.S. EPA - REGION 5

RECEIVED
SEP 15 1999

RCRA RECORDS ROOM
Waste, Pesticides & Toxics Division
U.S. EPA - REGION 5

RECEIVED

AUG 30 1999

IEPA/BOL

Siemens Energy & Automation, Inc.

Siemens & Furnas Controls
Business Unit

1000 McKee Street
Batavia, Illinois 60510-1663

Tel: (630) 879-6000

www.furnas.com

Ch updated
9/10/99

Please refer to Section V. Line-by-Line Instructions for Completing EPA Form 8700-12 before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)

PROGRAM MANAGEMENT BRANCH
Waste, Pesticides & Toxics Division

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☐

A. Initial Notification

☒
B. Subsequent Notification
(Complete item C)

C. Installation's EPA ID Number

I L D 0 0 5 1 2 9 0 6 9

II. Name of Installation (Include company and specific site name)

S I E M E N S & F U R N A S C O N T R O L S

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

1 0 0 0 M C K E E S T R E E T

Street (Continued)

City or Town

B A T A V I A

State

Zip Code

I L 6 0 5 1 0 - 1 6 6 3

County Code

County Name

0 8 9 K A N E

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

S A M E

City or Town

State

Zip Code

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

(First)

M U L L N E R

D O N A L D

Job Title

Phone Number (Area Code and Number)

M G R . P L A N T E N G R G 6 3 0 - 8 7 9 - 6 0 0 0

VI. Installation Contact Address (See Instructions)

A. Contact Address Location Mailing

B. Street or P.O. Box

☒

RECEIVED

City or Town

State

Zip Code

AUG 30 1999

EPA/BOL

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

S I E M E N S E N E R G Y & A U T O M A T I O N , I N C .

Street, P.O. Box, or Route Number

3 3 3 3 O L D M I L T O N P A R K W A Y

City or Town

State

Zip Code

A L P H A R E T T A

G A

3 0 0 0 5 -

Phone Number (Area Code and Number)

B. Land Type

C. Owner Type

D. Change of Owner Indicator

(Date Changed)

Month Day Year

7 7 0 - 7 5 1 - 2 0 0 0

P

P

Yes

X

No

0290100010

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to Instructions)

A. Hazardous Waste Activity

1. Generator (See Instructions)
☒ a. Greater than 1000kg/mo (2,200 lbs.)
☐ b. 100 to 1000 kg/mo (220-2,200 lbs.)
☐ c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)
☐ a. For own waste only
☐ b. For commercial purposes

Mode of Transportation

- ☐ 1. Air
☐ 2. Rail
☐ 3. Highway
☐ 4. Water
☐ 5. Other - specify

- ☐ 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity, see Instructions.
4. Hazardous Waste Fuel
☐ a. Generator Marketing to Burner
☐ b. Other Marketers
☐ c. Boiler and/or Industrial Furnace
☐ 1. Smelter/Referral
☐ 2. Small Quantity Exemption
Indicate Type of Combustion Device(s)
☐ 1. Utility Boiler
☐ 2. Industrial Boiler
☐ 3. Industrial Furnace
- ☐ 5. Underground Injection Control

B. Used Oil Recycling Activities

1. Used Oil Recycling Marketer
☐ a. Marketer Directs Shipment of Used Oil to Off-Specification Burner
☐ b. Marketer Who First Claims the Used Oil Meets the Specifications
2. Used Oil Burner - Indicate Type(s) of Combustion Device
☐ a. Utility Boiler
☐ b. Industrial Boiler
☐ c. Industrial Furnace
3. Used Oil Transporter - Indicate Type(s) of Combustion Device(s)
☐ a. Transporter
☐ b. Transfer Facility
4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)
☐ a. Process
☐ b. Re-refine

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

1. Ignitable
(D001)☐2. Corrosive
(D002)☐3. Reactive
(D003)☐4. Toxicity
Characteristic☒

(List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))

F 0 0 6

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See Instructions if you need to list more than 12 waste codes.)

1				
7				

2				
8				

3				
9				

4				
10				

5				
11				

6				
12				

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See Instructions.)

1				

2				

3				

4				

5				

6				

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature



Name and Official Title (Type or print)

Donald E. Mullner, Mgr. Plant Engrg.

Date Signed

8/25/99

XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)



ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

ILD005129069

REACKNOWLEDGEMENT

FURNAS ELECTRIC COMPANY
1000 MCKEE STREET
BATAVIA

IL 60510

INSTALLATION ADDRESS

1000 MCKEE STREET
BATAVIA

IL 60510

U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTALLATION'S EPA I.D. NO.

ILD005129069 OK

I. NAME OF INSTALLATION

II. INSTALLATION MAILING ADDRESS

FURNAS ELECTRIC COMPANY*
1000 MC KEE ST
BATAVIA, IL 60510

III. LOCATION OF INSTALLATION

1000 MC KEE ST
BATAVIA, IL 60510

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

000611 AUG 19 80

FOR OFFICIAL USE ONLY

COMMENTS

INSTALLATION'S EPA I.D. NUMBER

APPROVED

DATE RECEIVED
(yr., mo., & day)

F 1LD005129069 21

A

800818

I. NAME OF INSTALLATION

FURNAS ELECTRIC COMPANY

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

31000 McKee Street

CITY OR TOWN

4Batavia

ST.

ZIP CODE

IL60510

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

51000 McKee Street

CITY OR TOWN

6Batavia

ST.

ZIP CODE

IL60510

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)

PHONE NO. (area code & no.)

2SMITH ROBERT P. PLANT ENGR.

312-879-6000

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

8FURNAS ELECTRIC COMPANY

B. TYPE OF OWNERSHIP
(enter the appropriate letter into box)F = FEDERAL
M = NON-FEDERAL

M

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

☒ A. GENERATION☐ B. TRANSPORTATION (complete item VII)☐ C. TREAT/STORE/DISPOSE☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR☐ B. RAIL☐ C. HIGHWAY☐ D. WATER☐ E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

☒ A. FIRST NOTIFICATION☐ B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.

ILD005129069

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

AUG 18 1980

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 F 0 0 1 23 - 26	2 F 0 0 6 23 - 26	3 F 0 0 7 23 - 26	4 23 - 26	5 23 - 26	6 23 - 26
7 23 - 26	8 23 - 26	9 23 - 26	10 23 - 26	11 23 - 26	12 23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13 23 - 26	14 23 - 26	15 23 - 26	16 23 - 26	17 23 - 26	18 23 - 26
19 23 - 26	20 23 - 26	21 23 - 26	22 23 - 26	23 23 - 26	24 23 - 26
25 23 - 26	26 23 - 26	27 23 - 26	28 23 - 26	29 23 - 26	30 23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31 23 - 26	32 23 - 26	33 23 - 26	34 23 - 26	35 23 - 26	36 23 - 26
37 23 - 26	38 23 - 26	39 23 - 26	40 23 - 26	41 23 - 26	42 23 - 26
43 23 - 26	44 23 - 26	45 23 - 26	46 23 - 26	47 23 - 26	48 23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49 23 - 26	50 23 - 26	51 23 - 26	52 23 - 26	53 23 - 26	54 23 - 26
-------------------	-------------------	-------------------	-------------------	-------------------	-------------------

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☐ 1. IGNITABLE
(D001)

☒ 2. CORROSIVE
(D002)

☐ 3. REACTIVE
(D003)

☒ 4. TOXIC
(D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE



Gilbert R. Nary

NAME & OFFICIAL TITLE (type or print)

Executive Vice President &
Controller

DATE SIGNED

8-13-80